

<u>SEND COMPLETED FORM TO:</u> The Appropriate State or EPA Regional Office.	United States Environmental Protection Agency RCRA SUBTITLE C SITE IDENTIFICATION FORM		
1. Reason for Submittal (See instructions on page 9) MARK ALL BOX(ES) THAT APPLY	Reason for Submittal: <input type="checkbox"/> To provide Initial Notification of Regulated Waste Activity (to obtain an EPA ID Number for hazardous waste, universal waste, or used oil activities) <input type="checkbox"/> To provide Subsequent Notification of Regulated Waste Activity (to update site identification information) <input type="checkbox"/> As a component of a First RCRA Hazardous Waste Part A Permit Application <input type="checkbox"/> As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment #_____) <input type="checkbox"/> As a component of the Hazardous Waste Report		
2. Site EPA ID Number (page 10)	EPA ID Number <div style="border-bottom: 1px solid black; width: 200px; margin: 5px auto;"></div>		
3. Site Name (page 10)	Name:		
4. Site Location Information (page 10)	Street Address:		
	City, Town, or Village:	State:	
	County Name:	Zip Code:	
5. Site Land Type (page 10)	Site Land Type: <input type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other		
6. North American Industry Classification System (NAICS) Code(s) for the Site (page 10)	A.	B.	
	C.	D.	
7. Site Mailing Address (page 11)	Street or P. O. Box:		
	City, Town, or Village:		
	State:		
	Country:	Zip Code:	
8. Site Contact Person (page 11)	First Name:	MI:	Last Name:
	Phone Number:	Extension:	E-mail address:
9. Operator and Legal Owner of the Site (pages 11 and 12)	A. Name of Site's Operator:		Date Became Operator (mm/dd/yyyy):
	Operator Type: <input type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other		
	B. Name of Site's Legal Owner:		Date Became Owner (mm/dd/yyyy):
	Owner Type: <input type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other		

C. Used Oil Activities
Mark all boxes that apply.

Y ☐ N ☐ **1. Used Oil Transporter**
If “yes”, mark each that applies.
☐ a. Transporter
☐ b. Transfer Facility

Y ☐ N ☐ **2. Used Oil Processor and/or Re-refiner**
If “yes”, mark each that applies.
☐ a. Processor
☐ b. Re-refiner

Y ☐ N ☐ **3. Off-Specification Used Oil Burner**

Y ☐ N ☐ **4. Used Oil Fuel Marketer**
If “Yes”, mark each that applies.
☐ a. Marketer Who Directs Shipment of
Off-Specification Used Oil to
Off-Specification Used Oil Burner
☐ b. Marketer Who First Claims the
Used Oil Meets the Specifications

A. Waste Codes for Federally Regulated Hazardous Wastes. Please list the waste codes of the Federal hazardous wastes handled at your site. List them in the order they are presented in the regulations (e.g., D001, D003, F007, U112). Use an additional page if more spaces are needed.

[illegible]

Signature of operator, owner, or an authorized representative	Name and Official Title (type or print)	Date Signed (mm/dd/yyyy)

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL
OR ENTER:

SITE NAME: _____

EPA ID NO: _____

**U.S. ENVIRONMENTAL
PROTECTION AGENCY**

2008 Hazardous Waste Report

**WASTE GENERATION
AND MANAGEMENT**

**FORM
GM**

Instructions: Please see the detailed instructions on pages 18 to 26 of this booklet before completing this form.

Sec. 1 A. Waste description

B. EPA hazardous waste code _____

C. State hazardous waste code

D. Source code

LG_____

Management Method code for Source code G25

LH_____

E. Form code

LW_____

F. Quantity generated in 2008

_____.

G. UOM

Density

_____._____

☐ lbs/gal ☐ sg

Sec. 2

Was any of this waste managed on site? (pages 24 and 25)

☐ 1 Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1)

☐ 2 No (SKIP TO SEC. 3)

ON-SITE PROCESS SYSTEM 1

On-site Management
Method code

Quantity treated, disposed, or
recycled on site in 2008

LH_____

_____.

ON-SITE PROCESS SYSTEM 2

On-site Management
Method code

Quantity treated, disposed, or
recycled on site in 2008

LH_____

_____.

Sec. 3

A. Was any of this waste shipped off site in 2008 for treatment, disposal, or recycling? (pages 25 and 26)

☐ 1 Yes (CONTINUE TO BOX B) ☐ 2 No (FORM IS COMPLETE)

Site 1

B. EPA ID No. of facility to which
waste was shipped

C. Off-site Management Method
code Shipped to

LH_____

D. Total quantity shipped in 2008

_____.

Site 2

B. EPA ID No. of facility to which
waste was shipped

C. Off-site Management Method
code Shipped to

LH_____

D. Total quantity shipped in 2008

_____.

Site 3

B. EPA ID No. of facility to which
waste was shipped

C. Off-site Management Method
code Shipped to

LH_____

D. Total quantity shipped in 2008

_____.

Comments:

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL
OR ENTER:

SITE NAME: _____

EPA ID NO:

**FORM
WR**

**U.S. ENVIRONMENTAL
PROTECTION AGENCY**

2008 Hazardous Waste Report

**WASTE RECEIVED
FROM OFF SITE**

Instructions: Please see the detailed instructions on pages 27 to 30 of this booklet before completing this form.

Waste 1	A. Description of hazardous waste	B. EPA hazardous waste code <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u>	C. State hazardous waste code <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u>
	D. Off-site handler EPA ID number <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u>	E. Quantity received in 2008 <u> </u> . <u> </u>	F. UOM Density <u> </u> <u> </u> <u> </u> . <u> </u> <u> </u> <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg
G. Form code <u> </u> <u> </u> <u> </u> <u> </u>	H. Management Method code <u> </u> <u> </u> <u> </u> <u> </u>		

Waste 2	A. Description of hazardous waste	B. EPA hazardous waste code <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u>	C. State hazardous waste code <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u>
	D. Off-site handler EPA ID number <input type="checkbox"/> Mark if same as in Waste 1 <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u>	E. Quantity received in 2008 <u> </u> . <u> </u>	F. UOM Density <u> </u> <u> </u> <u> </u> . <u> </u> <u> </u> <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg
G. Form code <u> </u> <u> </u> <u> </u> <u> </u>	H. Management Method code <u> </u> <u> </u> <u> </u> <u> </u>		

Waste 3	A. Description of hazardous waste	B. EPA hazardous waste code <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u>	C. State hazardous waste code <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u>
	D. Off-site handler EPA ID number <input type="checkbox"/> Mark if same as in Waste 2 <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u>	E. Quantity received in 2008 <u> </u> . <u> </u>	F. UOM Density <u> </u> <u> </u> <u> </u> . <u> </u> <u> </u> <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg
G. Form code <u> </u> <u> </u> <u> </u> <u> </u>	H. Management Method code <u> </u> <u> </u> <u> </u> <u> </u>		

Comments:

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL
OR ENTER:

SITE NAME: _____

EPA ID NO:

**U.S. ENVIRONMENTAL
PROTECTION AGENCY**

2008 Hazardous Waste Report

**FORM
OI**

**OFF-SITE
IDENTIFICATION**

Instructions: Please read the detailed instructions on the reverse side before completing this form.

Site 1	A. EPA ID No. of off-site installation or transporter <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u>	B. Name of off-site installation or transporter
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C. Handler type (MARK ALL THAT APPLY) <input type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR facility	D. Address of off-site installation Street _____ City _____ State <u> </u> Zip <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u>
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Site 2	A. EPA ID No. of off-site installation or transporter <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u>	B. Name of off-site installation or transporter
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C. Handler type (MARK ALL THAT APPLY) <input type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR facility	D. Address of off-site installation Street _____ City _____ State <u> </u> Zip <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u>
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Site 3	A. EPA ID No. of off-site installation or transporter <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u>	B. Name of off-site installation or transporter
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C. Handler type (MARK ALL THAT APPLY) <input type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR facility	D. Address of off-site installation Street _____ City _____ State <u> </u> Zip <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u>
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Site 4	A. EPA ID No. of off-site installation or transporter <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u>	B. Name of off-site installation or transporter
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C. Handler type (MARK ALL THAT APPLY) <input type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR facility	D. Address of off-site installation Street _____ City _____ State <u> </u> Zip <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u>
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Comments: